

Syndromic Surveillance Governance Council

Meeting Minutes

January 30, 2015

1:00 p.m. – 3:00 p.m.

DSHS, 1100 West 49th Street, M101

Austin, TX 78754

Attendees:

*Raouf Arafat, MD, MPH, Asst. Director, City of Houston, Dept. of Health and Human Services (by phone)
*Carol M. Davis, BS, MSPH, Program Mgr., Health Service Region 7, DSHS
*Philip Huang, MD, MPH, Medical Director, Austin/Travis County Health and Human Services
*Linda K. Gaul, MPH, PhD, State Epidemiologist, Office of Epidemiology, DSHS
*Diana Martinez, MPH, PhD, Program Mgr., Harris Co. Public Health and Environmental Services
*Thaddeus Miller, MPH, Dr.PH, Associate Professor, UNTHSC, School of Public Health
*Santos Navarrette, Jr., MA, MBA, Abilene-Taylor Co. Public Health District, Assistant Health Administrator
*Christopher Taylor, BS, CM, Executive Director, Cherokee County Public Health
*Don Vickers, MD, CEO/Managing Partner, HPT Healthcare
*David W. Gruber, Assistant Commissioner, Division for Regional and Local Health Services (RLHS), DSHS
*Peggy Hines, Health Information Technology Mgr., DSHS
Beverly A. Pritchett, Director, Office of Public Health and Deputy Assistant Commissioner, RLHS, DSHS
Monica J. Hughes, RN, BSN, Director of Public Health Nursing, RLHS, DSHS
Glenna Laughlin, Division for Regional and Local Health Services;
Dan Smith, Division for Regional and Local Health Services;
David Zane, Division for Regional and Local Health Services;
Bonnie Martin-Hudson, Division for Regional and Local Health Services;
Donald Jirasek, Sanitarian, Food Safety Inspector, RLHS, DSHS;
Steve Eichner, HIT Policy Director, Center for Program Coordination and Health Policy, DSHS;
Leo Achembong, Health Systems Integration Program Fellow, Center for Program Coordination and Health Policy, DSHS

* Voting Member

Not Present:

*Natalie D. Lambert, FACHE, Regency Hospital of Fort Worth

Proceedings:

A copy of the agenda is attached to these meeting minutes

- Welcome: Dave Gruber

Mr. Gruber welcomed everyone to the Syndromic Surveillance Governance Council (SSGC) meeting.

- Acknowledged there have been delays in the hiring process for the program coordinator.
- Stated we are fully funded and moving forward.
- Acknowledged that some of our LHDs are at full capacity for collecting surveillance data and that the Governance Council is key to help gain buy-in with the local LDHs.
- Pointed out this is a major start-up we are rolling out and ultimately will benefit all Texans.

- Introductions:

Mr. Gruber asked everyone to introduce themselves and provide the category of organization they were representing.

- Proposed Charter Review

- Ms. Pritchett noted two changes that need to be made to the charter.
- Discussion was held on how to rotate council members. Appointed members will serve a two-year term, and are not eligible for renewal. However, select initial members will continue into a third year of membership so as to eliminate the possibility of the entire council consisting of new members in the third year. The positions selected for an initial three year term will be determined through the voting process. Selections for future council members will take into account the category of the vacated positions so as to ensure diversity of viewpoints.
- Currently there are seven voting members and three non-voting members.
- The concern was raised that the 2 year term may be too short until the project full ramps up.
- Mr. Gruber suggested putting this on hold until the next meeting.
- The following paragraphs need to be added to the charter under Voting
 - All decisions made by the Governance Council will be made in accordance with Roberts Rules of Order. Motions being voted on will pass based upon a simple majority.
 - Voting members that are not able to be present to vote, may vote by proxy in writing or in person.
 - The Chair of the Governance Council will only vote in the event of a tie.
- Vote was taken. Mr. Taylor made a motion to approve the charter as written to include these changes. Mr. Vickers seconded. All approved.

- Syndromic Surveillance Regional Advisory Committees (SSRAC)

- Regions 2/3 and 7 have held their meetings.
- Ms. Pritchett advised there was some concern about the state hosting the syndromic surveillance system.

- Data Use Agreements

- The DUA's from the various regions are unique and there is no standardization among the agreements.
- A meeting was scheduled with DSHS Legal Office on Monday, February 2, 2105 to discuss options.
- HHSC is the approving authority on format of DUA's.
- DSHS will need to do more review and coordination with HHSC.
- RLHS Contract Management Unit has a standard data agreement and that will be reviewed.
- These issues are global but need to have local buy in.
- Without local buy in the program will not work.
- We are looking to begin the conversation with the various stakeholders including agencies that are contracted to assist multiple hospitals.
- Ms. Pritchett reviewed the membership of the SSRACs and discussion was held around the role of the Governance Council members and how they interface with the SSRACs.
 - The SSRACs should be independent with some continuity and awareness.

- Representatives from SSRACs would be recommended to come to one SSGC meeting later when the SSGC is more established.
 - Hold a SSGC meeting when RMD/DRDs are in town for their quarterly meeting.
 - The recommended cycle would be the SSGC meets, then SSRAC meets to provide input, the SSGC listens to feedback and votes.
- Data Sharing Protocols
 - Value in continuity of sharing and use among all levels of users.
 - Benefit to all Texans for various reasons.
 - Need to include champions of syndromic surveillance in on meetings as well as the pitfalls for what does not work We can't look like we do not understand the inherent problems of what we are proposing.
 - Dr. Huang commented that we need to be careful that there is no loss of data on the local level. We have assured them that there will be no loss of use and we must deliver on this promise.
 - Ms. Pritchett briefed that the meaningful use requirement is for hospitals or ambulatory care agencies to submit data to a public health agency, local health department or state; and then subsequently reporting the data to the federal level.
 - This council should use this opportunity to offer uniformity and provide the locals a pathway to continue their access.
 - Dr. Huang asked what the best method was for negotiating with hospitals to ensure they will continue to submit the data as needed? Hospitals are worried the data will be shared with their competitors.
 - Dr. Martinez suggested taking the low hanging fruit, which are the hospitals who are open to sharing data with the State of Texas. We prove ourselves through our continued consistency. Eventually the other hospitals will begin to share as well.
 - Mr. Gruber asked if there was a cost for hospitals and what the benefit is for sharing with the State? What are the incentives?
 - Mr. Eichner advised that if we can show that a State wide system will not only provide a benefit for Texas public health in general but will also save money for the locals then this may be a way to convince the less enthusiastic locals to begin submitting data.
 - Mr. Gruber stated that we are no longer at the point in Texas where local health information exchanges (HIEs) can remain local. We are now talking about multi-level hospital systems that cross health service regions and sometimes state lines.
 - Mr. Taylor stated small health departments may need the most convincing. Many of them just do not have the staff available for this type of surveillance. The largest customer base is the small health departments who are already stretched thin.
 - Dr. Huang said we need to develop the capacity to best serve the entire state, including the small health departments. We need to have a template that we can use locally that also has the capability to expand into something state wide.
 - Dr. Miller shared that there are many reasons he and his colleagues in academia would want have access to this huge dataset. The capacity to data mine this set is limitless. He asked how this could be rolled out to benefit the most people possible?
 - Mr. Gruber advised we need to be careful about permissions. End user and submitters need to have different levels of access. We need to know what the end product will look like going into this, so we can tackle this smart.

- Mr. Eichner reminded the group of how complicated health information data sharing is and that it can change.
 - Dr. Miller advised that data collected for research purposes is not protected in the same way other potential PII data is protected. He further pointed out that we may want to arrange a unique identifier that will make the de-identified data unique to avoid duplication of information
 - Mr. Gruber said we must be transparent to all users at all levels. We need to keep it simple: users and permission levels easily identified. We need to retain the ability to turn on and off permission levels as needed.
- ESSENCE Demonstration – see presentation
 - Open Discussion (discussed out of order as agenda item 9)
 - Ms. Davis suggested SSRACs have a clear expectation of their role and outcomes.
 - Region 7 will share their SSRAC agenda from the previous meeting.
 - Need to encourage a champion among the various SSRACs.
 - Future Meeting Dates (discussed out of order as agenda item 8)
 - Thursdays from 1pm – 3pm is optimal.
 - At the next meeting discuss internal goals with timeline, tangible goals to do work and take action, Ms. Pritchett will send an email prompting members for feedback.
 - Adjournment
- The meeting was adjourned.

Pending Items

- Selection of positions that are extended for a three year term.
- Sharing of Region 7 SSRAC meeting minutes with other Health Service Regions.
- Scheduling of future meetings.